

PLAINTIFF

Emanuel H. Jones #557338

COURT CASE NUMBER

1:06-cv-674

DEFENDANT

Chris Coons - County Executive

TYPE OF PROCESS

Lawsuit

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Chris Coons - County Executive of New Castle County

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

800 N French Street - Wilmington, DE 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Emanuel H. Jones #557338

Howard R. Young Correctional Institution
1301 East 12th Street - P.O. Box 9561

Wilmington, DE 19809

Number of process to be served with this Form 285

3

Number of parties to be served in this case

3

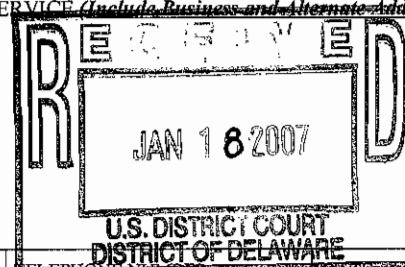
Check for service on U.S.A.

0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold



Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

Emanuel H. Jones

TELEPHONE NUMBER

DATE

1-11-07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. _____

District to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

57

Date

2-2-07

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Susan Diaz, Legal Asst

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

2/9/07

Time

1220

☐ am
☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges and Advances Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED